

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>101550483</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			51							
2		/				52							
3		/				53							
4		3				54							
5		3				55							
6		3				56							
7		2				57							
8		1				58							
9		1				59							
10		2				60							
11		2				61							
12		2				62							
13		2				63							
14		1				64							
15		1				65							
16		1				66							
17		1				67							
18		1				68							
19		1				69							
20		2				70							
21		1				71							
22		1				72							
23		2				73							
24		1				74							
25		1				75							
26		1				76							
27		1				77							
28						78							
29						79							
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31						81							
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37						87							
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39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1												
TOTAL DEP.	34	←	26	←	27	←							
TOTAL CLAIMS	37		27										